



C O R P O R A T I O N S E R V I C E C O M P A N Y®

null / ALL

Transmittal Number: 15916488
Date Processed: 11/28/2016

Notice of Service of Process

Primary Contact: Pamela Beyer
The Travelers Companies, Inc.
385 Washington Street, 9275-LC12L
Saint Paul, MN 55102

Entity: Travelers Casualty Insurance Company of America
Entity ID Number 2317367

Entity Served: Travelers Casualty Ins. Co. of America

Title of Action: Doug McClure vs. Travelers Casualty Insurance Company of America

Document(s) Type: Summons/Complaint

Nature of Action: Contract

Court/Agency: Washington County Circuit Court, Tennessee

Case/Reference No: 36169

Jurisdiction Served: Tennessee

Date Served on CSC: 11/28/2016

Answer or Appearance Due: 30 Days

Originally Served On: TN Department of Commerce and Insurance 11/18/2016

How Served: Certified Mail

Sender Information: Jerry W. Laughlin
Not Shown

Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC

2711 Centerville Road Wilmington, DE 19808 (888) 690-2882 | sop@cscglobal.com

STATE OF TENNESSEE
Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243-1131
PH - 615.532.5260, FX - 615.532.2788
Jerald.E.Gilbert@tn.gov

November 18, 2016

Travelers Casualty Ins. Co. Of America
2908 Poston Avenue, % C S C
Nashville, TN 37203
NAIC # 19046

Certified Mail
Return Receipt Requested
7016 0750 0000 2777 6023
Cashier # 29122

Re: Doug McClure V. Travelers Casualty Ins. Co. Of America
Docket # 36169

To Whom It May Concern:

Pursuant to Tennessee Code Annotated § 56-2-504 or § 56-2-506, the Department of Commerce and Insurance was served November 17, 2016, on your behalf in connection with the above-styled proceeding. Documentation relating to the subject is herein enclosed.

Jerald E. Gilbert
Designated Agent
Service of Process

Enclosures

cc: Circuit Court Clerk
Washington County
108 West Jackson Boulevard, Ste.2167
Jonesborough, Tn 37659

Washington County, Tennessee Circuit Court

STATE OF TENNESSEE
CIVIL SUMMONS

Case Number

36169

Doug McClure

VS. Travelers Casualty Insurance Company of America

Served On:

Travelers Casualty Insurance Company of America, One Tower Square, Hartford, CT 06183

You are hereby summoned to defend a civil action filed against you in Circuit Court, Washington County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued: November 9, 2010

Clerk / Deputy Clerk

Attorney for Plaintiff: Jerry W. Laughlin
100 South Main Street, Greeneville, TN 37743

NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA § 26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to _____, Clerk, _____, County _____

CERTIFICATION (IF APPLICABLE)

I, _____, Clerk of _____ County do certify this to be a true and correct copy of the original summons issued in this case.

Date: _____ Clerk / Deputy Clerk _____

OFFICER'S RETURN: Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: _____

Date: _____ By: _____
Officer, Title

Date: _____ Notary Public / Deputy Clerk (Comm. Expires _____)

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)
(Attach return receipt on back)

ADA: If you need assistance or accommodations because of a disability, please call _____, ADA Coordinator, at () _____.
REQUIRE ASSISTANCE, PLEASE CONTACT _____.

(423) 788-1418

IN THE CIRCUIT COURT FOR WASHINGTON COUNTY, TENNESSEE
SITTING AT JONESBOROUGH

DOUG MCCLURE,) Filed 9th day of
Plaintiff) Nov 2016 at 10:50 o'clock A.M.
vs.) Karen Quinn, Clerk
TRAVELERS CASUALTY INSURANCE) Civil Action No. 36169
COMPANY OF AMERICA,) JURY DEMANDED
Defendant)

COMPLAINT

Comes the Plaintiff, Doug McClure, and for cause of action against the Defendant Travelers Casualty Insurance Company of America, says:

1. The Plaintiff is a citizen and resident of Washington County, Tennessee, who resides at 142 Lin Snyder Road, Gray, Tennessee 37615.
2. The Defendant is a foreign corporation doing business in the State of Tennessee, and whose principal place of business is believed to be located at One Tower Square, Hartford, Connecticut 06183.
3. The Plaintiff is the owner of the property located at 305 West Market

I HEREBY CERTIFY THAT THIS IS A TRUE AND
EXACT COPY OF THE ORIGINAL DOCUMENT AS
IT APPEARS AT THE WASHINGTON COUNTY
CIRCUIT COURT
KAREN GUINN, CLERK

Street, Johnson City, Tennessee, and which includes a building located thereon.

4. On or about September 11, 2014, the Defendant issued to the Plaintiff a certain policy of insurance, Policy No. 680-0F677031-14-42 insuring the Plaintiff's building located at 305 West Market Street, Johnson City, Tennessee, from damages that might be sustained to said building, a copy of the policy declarations for which is attached hereto as Exhibit A.

5. The Plaintiff paid the premium for the issuance and maintenance of the aforesaid policy of insurance issued by the Defendant.

6. Demolition work being conducted by a third party on the property contiguous to 305 West Market Street, Johnson City, Tennessee, on or about November 24, 2014, caused serious damages to the building owned by the Plaintiff and insured by the Defendant.

7. The Plaintiff, pursuant to the terms of the policy, gave notice to the Defendant of the damages sustained to the insured building and complied in all particulars with the terms and conditions of the policy, but the Defendant has failed and refused to pay for the damages sustained to the Plaintiff's building in accordance with the terms and provisions of said policy of insurance it issued to the Plaintiff.

8. The Plaintiff alleges and avers that the Defendant has intentionally breached the contract of insurance, that it has not dealt in good faith with the Plaintiff, and that the Defendant has willfully refused to pay damages that the Plaintiff has incurred even though the same had been submitted to the insurance company for many months, and those damages are as a result of the risks insured by the policy issued by the Defendant to the Plaintiff.

WHEREFORE, PLAINTIFF PRAYS:

A. That process issue and be served upon the Defendant requiring it to appear and answer this Complaint.

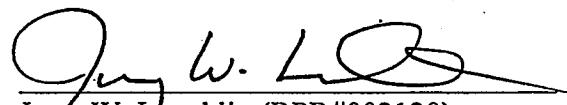
B. That the Plaintiff be awarded the amount due under the policy of insurance for the damages to his building.

C. That the Plaintiff be awarded damages pursuant to T.C.A. §56-7-105 by reason of the Defendant's bad faith and failure to pay the Plaintiff's claim in a timely manner.

D. That the Plaintiff be awarded pre-judgment interest.

E. The Plaintiff demands a jury to hear this cause.

F. That the Plaintiff have such other, further and general relief to which he may be entitled.

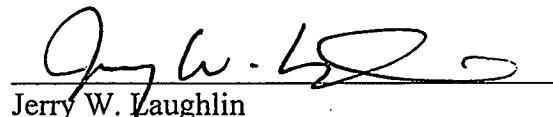


Jerry W. Laughlin (BPR#002120)
Counsel for Plaintiff

LAUGHLIN, NUNNALLY, HOOD & CRUM, PC
100 South Main Street
Greeneville, TN 37743

COST BOND

I hereby acknowledge myself as surety for all costs in this cause, pursuant to T.C.A. §20-12-120.



Jerry W. Laughlin

L:\Gen Litigation\McClure, Doug vs. Travelers Insurance Company 16-2103\Complaint



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS
BUILDING PAC
BUSINESS:OFFICE

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

DOUG MCCLURE
305 W MARKET ST
JOHNSON CITY TN 37604

2. POLICY PERIOD: From 09/08/2014 to 09/08/2015 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

| PREM. LOC. NO. | BLDG. NO. | OCCUPANCY | ADDRESS |
|----------------|-----------|-----------|---|
| 001 | 001 | OFFICE | (same as Mailing Address unless specified otherwise) 305 W MARKET ST |
| | | | JOHNSON CITY TN 37604 |

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

| COVERAGE PARTS and SUPPLEMENTS | INSURING COMPANY |
|--------------------------------|------------------|
| Businessowners Coverage Part | ACJ |

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

| POLICY | POLICY NUMBER | INSURING COMPANY |
|--------|---------------|------------------|
|--------|---------------|------------------|

DIRECT BILL

7. PREMIUM SUMMARY:

| | |
|---------------------|-------------|
| Provisional Premium | \$ 1,527.00 |
| Due at Inception | \$ |
| Due at Each | \$ |

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

BB&T INSURANCE SERV-CC X1656
414 GALLIMORE DAIRY RD STE F

Authorized Representative

IL T0 19 02 05 (Page 1 of 01)
Office: ELMIRA NY SRV CTR DOWN

DATE: 09/11/2014

Exhibit A



One Tower Square, Hartford, Connecticut 06183

BUSINESS OWNERS COVERAGE PART DECLARATIONS

BUILDING PAC

POLICY NO.: 680-0F677031-14-42

ISSUE DATE: 09/11/2014

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

From 09-08-14 to 09-08-15 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: INDIVIDUAL

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

| OCCURRENCE FORM | LIMITS OF INSURANCE |
|--|---------------------|
| General Aggregate (except Products-Completed Operations Limit) | \$ 2,000,000 |
| Products-completed Operations Aggregate Limit | \$ 2,000,000 |
| Personal and Advertising Injury Limit | \$ 1,000,000 |
| Each Occurrence Limit | \$ 1,000,000 |
| Damage to Premises Rented to You | \$ 300,000 |
| Medical Payments Limit (any one person) | \$ 5,000 |

BUSINESS OWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 500 per occurrence.
Building Glass: \$ 500 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESS OWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: 001

| COVERAGE BUILDING | LIMIT OF INSURANCE \$ | VALUATION RC* | COINSURANCE N/A | INFLATION GUARD 0.0% |
|----------------------|-----------------------------|------------------|--------------------|----------------------------|
| *Replacement Cost | | | | |

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

CERTIFIED MAIL®



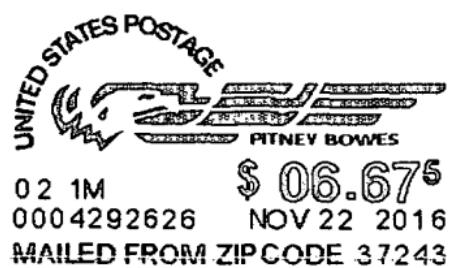
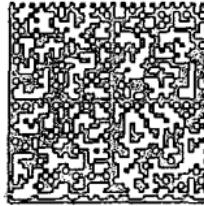
Department of
Commerce &
Insurance

Service of Process
500 James Robertson Parkway
Nashville, Tennessee 37243



7016 0750 0000 2777 6023

FIRST CLASS



7016 0750 0000 2777 6023 11/18/2016
TRAVELERS CASUALTY INS. CO. OF AMERICA
2908 POSTON AVENUE, % C S C
NASHVILLE, TN 37203